

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69057	4/13/00
O.I.P.E. CLASSIFIER		12	4/12
FORMALITY REVIEW	292	88408	4/12/2000
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	4/10/00
2	2/10/00
3	2/10/00
4	2/10/00
5	2/10/00
6	2/10/00
7	2/10/00
8	2/10/00
9	2/10/00
10	2/10/00
11	2/10/00
12	2/10/00
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38	2/10/00
39	2/10/00
40	2/10/00
41	2/10/00
42	2/10/00
43	2/10/00
44	2/10/00
45	2/10/00
46	2/10/00
47	2/10/00
48	2/10/00
49	2/10/00
50	2/10/00

Claim	Date
Final	
Original	6/10/00
31	2/10/00
32	2/10/00
33	2/10/00
34	2/10/00
35	2/10/00
36	2/10/00
37	2/10/00
38	2/10/00
39	2/10/00
40	2/10/00
41	2/10/00
42	2/10/00
43	2/10/00
44	2/10/00
45	2/10/00
46	2/10/00
47	2/10/00
48	2/10/00
49	2/10/00
50	2/10/00

Claim	Date
Final	
Original	
101	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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